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Request for Information Regarding Reporting on Pharmacy Benefits and Prescription Drug Costs

Comment On: EBSA-2021-0005-0001

Request for Information: Reporting on Pharmacy Benefits and Prescription Drug Costs

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Submitter Information

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General Comment

Regarding General implementation concerns

- We recommend that the department delay the December 27, 2021 deadline for the initial submission deadline until a date that is at least 6 months after the final technical specifications and reporting requirements are released. Six months allows necessary time to develop new reporting measures internally and in coordination with our vendors.
- We recommend the reporting requirement allow for reporting to be submitted at the state or business segment level (equivalent to HIOS 5) that offered plans belong to rather than for reporting for every individual plan offered. Reporting requirements more granular than the state of business segment level place a heavy administrative burden upon both plans and the department that outweighs the benefits of accessing information specifically for every plan. Top spend drugs are likely to be representative in aggregate and duplicated across all individual plans. Certain elements in reporting such as rebate reimbursements may not be historically obtainable or reportable at a more granular level than state.

Regarding listed data elements

- We recommend allowing the reporter to use the therapeutic class and categories the reporter uses in the course of business and to specify in the reporting what system is utilized (eg, First Data Bank, MediSpan, United States Pharmacopeia, etc), for the department to crosswalk to common categorization it will use for biannual reporting. Plans and their pharmacy benefit managers use at most one system of categorization in its reporting today. If the department intends in the forthcoming guidance that reporter use a categorization that aligns to the department's preference, the department should provide individual crosswalks to that categorization for the major categorization systems used by payers.
- We recommend that technical specifications detail "drug" in top 50 and top 25 reporting to mean the unique drug ingredient. For example, all forms of Humira would be aggregated to one single row for Humira (the level corresponds to the generic product identifier (GPI) 10 level for those reporters who use the MediSpan classifications).
- We recommend that Prescription drugs should be defined to include only pharmacy-dispensed drugs and not provider-administered drugs under the medical benefit as part of a hospital or clinical service. Claims

data for pharmacy and medical channel drugs are housed separately by most payers, do not follow common structures, and require new solutions in order to be accurately combined and stratified.